

# Exhibit 2

CIV-110

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): Daniel L. Balsam (State Bar No. 260423) THE LAW OFFICES OF DANIEL BALSAM 2912 Diamond Street #218 San Francisco, CA 94131 TELEPHONE NO. 415-869-2873 FAX NO. (Optional) 415-869-2873 E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name) Plaintiff Christopher Wagner	FOR COURT USE ONLY 
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Sonoma STREET ADDRESS 600 Administration Drive MAILING ADDRESS CITY AND ZIP CODE Santa Rosa, CA 95403 BRANCH NAME:	CASE NUMBER SCV-252580
PLAINTIFF/PETITIONER: Christopher Wagner DEFENDANT/RESPONDENT: Spire Vision LLC et al	
<b>REQUEST FOR DISMISSAL</b> <input type="checkbox"/> Personal Injury, Property Damage, or Wrongful Death <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other <input type="checkbox"/> Family Law <input type="checkbox"/> Eminent Domain <input checked="" type="checkbox"/> Other (specify): Bus. & Prof. Code 17529.5, 17538.5	A conformer copy will not be returned by the clerk unless a method of return is provided with the document. -

1. TO THE CLERK: Please **dismiss** this action as follows:

- a. (1) ☒ With prejudice (2) ☐ Without prejudice
- b. (1) ☒ Complaint (2) ☐ Petition
- (3) ☐ Cross-complaint filed by (name): on (date):
- (4) ☐ Cross-complaint filed by (name): on (date):
- (5) ☐ Entire action of all parties and all causes of action
- (6) ☒ Other (specify): \* Only as to Defendant LIFESCRIPT INC., a Delaware corporation

## 2. (Complete in all cases except family law cases.)

- ☐ Court fees and costs were waived for a party in this case. (This information may be obtained from the clerk. If this box is checked, the declaration on the back of this form must be completed).

Date Oct. 2, 2013

Daniel L. Balsam

TYPE OR PRINT NAME OF ☒ ATTORNEY ☐ PARTY WITHOUT ATTORNEY:

If dismissal requested is of specified parties only or of specified causes of action only or of specified cross-complaints only, so state and identify the parties, causes of action, or cross-complaints to be dismissed.

Attorney or party without attorney for:

- ☒ Plaintiff/Petitioner ☐ Defendant/Respondent  
☐ Cross-Complainant

## 3. TO THE CLERK: Consent to the above dismissal is hereby given.\*\*

Date

TYPE OR PRINT NAME OF ☐ ATTORNEY ☐ PARTY WITHOUT ATTORNEY:

\*\* If a cross-complaint – or Response (Family Law) seeking affirmative relief – is on file, the attorney for cross-complainant (respondent) must sign this consent if required by Code of Civil Procedure section 581 (i) or (j).

Attorney or party without attorney for:

- ☐ Plaintiff/Petitioner ☐ Defendant/Respondent  
☐ Cross-Complainant

(To be completed by clerk)

4. ☒ Dismissal entered as requested on (date) OCT - 3 2013
5. ☐ Dismissal entered on (date): as to only (name):
6. ☐ Dismissal **not entered** as requested for the following reasons (specify):
7. a. ☒ Attorney or party without attorney notified on (date) OCT - 3 2013
- b. ☐ Attorney or party without attorney not notified. Filing party failed to provide ☐ a copy to be conformed ☐ means to return conformed copy

Date:

OCT - 3 2013 Clerk, by

Katie Felkins

Deputy  
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